

2019 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F17000002973

Entity Name: APPLEBY & WYMAN INSURANCE AGENCY, INC.**Current Principal Place of Business:**491 MAIN STREET
BANGOR, ME 04401**Current Mailing Address:**P. O. BOX 1388
BANGOR, ME 04402 US**FEI Number: 82-1239652****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	VP
Name	CROSS, JONATHAN
Address	491 MAIN STREET
City-State-Zip:	BANGOR ME 04401

Title	DIRECTOR
Name	CROSS, ROYCE M.
Address	491 MAIN STREET
City-State-Zip:	BANGOR ME 04401

Title	CFO
Name	CROSS, ROYCE M.
Address	491 MAIN STREET
City-State-Zip:	BANGOR ME 04401

Title	PRESIDENT
Name	CROSS, ROYCE M.
Address	491 MAIN STREET
City-State-Zip:	BANGOR ME 04401

Title	SECRETARY
Name	CROSS, ROYCE M.
Address	491 MAIN STREET
City-State-Zip:	BANGOR ME 04401

Title	DIRECTOR
Name	CROSS, WOODROW W.
Address	491 MAIN STREET
City-State-Zip:	BANGOR ME 04401

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROYCE M. CROSS**PRESIDENT****04/04/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date